

## Bulletin

## Michigan Department of Community Health

**Distribution:** Hospital 01-14

Medicaid Health Plans 01-13

**Issued:** July 13, 2001

Subject: Required Hospital Service Provision; DRG and Per Diem

Equivalent Payments; Outpatient Services; Prompt Payment;

Binding Arbitration; Policy Clarification

Effective Date: July 13, 2001

**Programs Affected:** Medicaid, Children's Special Health Care Services

The purpose of this bulletin is to announce that the effective date of the MSA 01-03 bulletin, Required Hospital Service Provision; DRG and Per Diem Equivalent Payments; Outpatient Services; Prompt Payment; Binding Arbitration; Policy Clarification, has been changed from May 1, 2001 to September 1, 2001.

## **Manual Update**

Retain this bulletin for future reference. Please discard MSA 01-13.

## **Questions**

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at ProviderSupport@state.mi.us. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

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